



Georgetown Board of Health

1 Library Street Georgetown, MA 01833- Tel. 978-352-5720
Fax. 978-352-5714

APPLICATION FOR LICENSE TO ENGAGE IN THE PRACTICE OF MASSAGE

LICENSE NO. _____ DATE ISSUED _____ FEE: _____

The above to be filled out by the Board of Health

To the Chairman
Georgetown Board of Health

DATE _____

I hereby apply for a license to practice Massage and/or giving of Vapor Baths.

1. Full name _____
2. Social Security Number _____
3. Home Address _____
4. Date of Birth _____
5. Location of Business _____
6. Name all the occupations in which you have been engaged during the last two years and the address at which you have been engaged in each occupation:

7. List all addresses at which you have lived during the last two years:

8. Proof of a recent complete physical examination conducted by your physician. _____

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9. I, the undersigned applicant, hereby certify that I am at present free from any communicable diseases of any nature or description whatever, except as state below and agree that so long as I hold a license to practice the business or businesses applied for herein, I will at any time furnish such evidence regarding my health and my fitness in all other respects as the Chairman of the Georgetown Board of Health may desire. Exception as to communicable diseases:

10. What education, training and experience have you had to qualify you to practice massage. _____

11. Give a list of the certificates, if any, which you are submitting with this application to show your qualifications to practice massage:

11. I certify that the answers given to the above are accurate and true.

Signature _____

The following signatures shall be acquired prior to application approval by the Board of Health.

Chief of Police Recommendation: _____

Fire Chief Recommendation: _____

Building Inspector Recommendation: _____

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Tax Collector/Treasurer Recommendation: _____

Septic Approval Board of Health: _____

APPLICATION: APPROVED _____ DISAPPROVED _____

GEORGETOWN BOARD OF HEALTH

Chairman

